

FORM
5Rev
02/20

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402241968

Date Received:

03/29/2020

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☐ Final completion ☒ Preliminary completion

OGCC Operator Number: 10110

Contact Name: Miracle Pfister

Name of Operator: GREAT WESTERN OPERATING COMPANY LLC

Phone: (720) 595-2550

Address: 1001 17TH STREET #2000

Fax:

City: DENVER

State: CO

Zip: 80202

Email: regulatorypermitting@gwogco.com

API Number 05-001-10440-00

County: ADAMS

Well Name: Tollway LC

Well Number: 24-379HN

 Location: QtrQtr: NWSW Section: 7 Township: 1S Range: 67W Meridian: 6
 FNL/FSL FEL/FWL

Footage at surface: Distance: 2000 feet Direction: FSL Distance: 530 feet Direction: FWL

As Drilled Latitude: 39.977422 As Drilled Longitude: -104.938389

GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 08/19/2019

GPS Instrument Operator's Name: CHAD MEIERS

FNL/FSL

FEL/FWL

 ** If directional footage at Top of Prod. Zone Dist: 460 feet Direction: FNL Dist: 484 feet Direction: FWL
 Sec: 13 Twp: 1S Rng: 68W

FNL/FSL

FEL/FWL

 ** If directional footage at Bottom Hole Dist: 370 feet Direction: FSL Dist: 470 feet Direction: FWL
 Sec: 24 Twp: 1S Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/16/2019 Date TD: 08/17/2019 Date Casing Set or D&A: 08/17/2019

Rig Release Date: 08/18/2019 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 1803 TVD** 1788 Plug Back Total Depth MD 1756 TVD** 1743

Elevations GR 5158 KB 5164

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+1/2	9+5/8	36	0	1,803	830	0	1,803	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

Operator Comments:

Surface casing was set on TOLLWAY LC 24-379HN on 8/17/2019. Activities were suspended on 8/17/2019 prior to reaching TD due to offset mitigation delays and rig scheduling. Great Western anticipates to recommence drilling Q4 quarter of 2020 with a large rig and plans to set production casing on all wells within this pad prior to completing the well in Q1 of 2021.

The TPZ and BHL footages are taken from the APD.

No logs were run on this well.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Jack Desmond

Title: Regulatory Analyst Date: 3/29/2020 Email: regulatorypermitting@gwogco.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
402241976	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402302814	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
402241968	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	•Permitting review complete and task passed.	07/29/2020
Engineer	•Engineering review complete - passed task	07/27/2020

Total: 2 comment(s)

